

DEPARTMENT OF COMMERCE
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **34152**
Registrar's No. **8849**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs, 2 mos, 14 days
In this community 34 yrs
(years, months or days)

3. (a) PRINT FULL NAME Julia Bartold (Bartolt)3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Bartold 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Vienna Austria
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business Housewife12. Name William Petz13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Mary15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant John A. Gravel(b) Address 3652 Eiler St.17. (a) Burial (b) Date thereof 10-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem.18. (a) Signature of funeral director With Bro. & Co.(b) Address 2929 S. Jefferson A.V.19. (a) OCT 28 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1031a Allen Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 34 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26,
year 1940 hour 1.05 minute P. M.21. I hereby certify that I attended the deceased from July 1st 1939
_____, 19____, to Oct. 26, 1940;
that I last saw her alive on Oct. 26, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Perforated appendix
with localized abscess
in peritoneal cavity 10/2/40Due to Empyema of right 10/3/40
chestOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy POST YES

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 123. Signature Robert H. Grove (M. D. or other) M.D.Address 5400 Arsenal Date signed 10/26/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Edgar F. With....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edgar F. With
Licensed Embalmer No. *217*

P. O. Address *2929 S. Jefferson St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.